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|---------------------------------|--|-------------------------------|------------------------|
| <i>SERFF Tracking Number:</i> | <i>AXSS-127130565</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>48529</i> |
| <i>Company Tracking Number:</i> | <i>BSAS-001-0211-PPO2</i> | | |
| <i>TOI:</i> | <i>H04 Health - Blanket Accident/Sickness</i> | <i>Sub-TOI:</i> | <i>H04.001 Student</i> |
| <i>Product Name:</i> | <i>Blanket Student Accident [& Sickness]</i> | | |
| <i>Project Name/Number:</i> | <i>Alternate Schedule/BSAS-001-0211-PPO2</i> | | |

Filing at a Glance

Company: AXIS Insurance Company

Product Name: Blanket Student Accident [& Sickness] SERFF Tr Num: AXSS-127130565 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved-Closed State Tr Num: 48529

Sub-TOI: H04.001 Student Co Tr Num: BSAS-001-0211-PPO2 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Karen Pollitt, Susan Kalmus Disposition Date: 04/19/2011

Date Submitted: 04/19/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Alternate Schedule

Status of Filing in Domicile: Not Filed

Project Number: BSAS-001-0211-PPO2

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 04/19/2011

State Status Changed: 04/19/2011

Deemer Date:

Created By: Susan Kalmus

Submitted By: Susan Kalmus

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

AXIS Insurance Company is filing the attached Schedule of Benefits as an alternative Schedule of Benefits to be used with our previously approved Blanket Student Accident [&Sickness] Filing which was filed and approved in Arkansas 3/02/2011 under SERFF #AXSS-127018063(Arkansas tracking number #48000). The purpose of the alternative Schedule of Benefits is to be able to match certain schools existing benefits which included daily maximums which our filed schedule did not offer. No other changes to our policy is being sought, just some added flexibility to the schedule

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| <i>TOI:</i> | <i>H04 Health - Blanket Accident/Sickness</i> | <i>Sub-TOI:</i> | <i>H04.001 Student</i> |
| <i>Product Name:</i> | <i>Blanket Student Accident [& Sickness]</i> | | |
| <i>Project Name/Number:</i> | <i>Alternate Schedule/BSAS-001-0211-PPO2</i> | | |

and all numerical ranges are imbedded into the Schedule itself. These changes do no impact the Indemnity Schedule only the PPO Schedule so we are only filing a Alternative PPO schedule. Please note it does not replace the original Schedule it only allows us a third option and it has it's own form number.

If you have any questions please let me know, if I can provide any further information I am happy to assist.

Company and Contact

Filing Contact Information

| | |
|--|------------------------------|
| Susan Kalmus, Product Development Specialist | susan.kalmus@axiscapital.com |
| 1 University Square Drive | 609-375-9162 [Phone] |
| Princeton, NJ 08540 | |

Filing Company Information

| | | |
|-----------------------------|----------------------------|-----------------------------------|
| AXIS Insurance Company | CoCode: 37273 | State of Domicile: Illinois |
| 11680 Great Oaks Way | Group Code: 3416 | Company Type: Property & Casualty |
| Ste. 500 | Group Name: AXIS Specialty | State ID Number: |
| Alpharetta, GA 30022 | FEIN Number: 39-1338397 | |
| (678) 746-9000 ext. [Phone] | | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------|---------|----------------|---------------|
| AXIS Insurance Company | \$50.00 | 04/19/2011 | 46723494 |

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|---------------------------------|--|-------------------------------|------------------------|
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| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>48529</i> |
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| <i>TOI:</i> | <i>H04 Health - Blanket Accident/Sickness</i> | <i>Sub-TOI:</i> | <i>H04.001 Student</i> |
| <i>Product Name:</i> | <i>Blanket Student Accident [& Sickness]</i> | | |
| <i>Project Name/Number:</i> | <i>Alternate Schedule/BSAS-001-0211-PPO2</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Rosalind Minor | 04/19/2011 | 04/19/2011 |

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|---------------------------------|--|-------------------------------|------------------------|
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| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>48529</i> |
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| <i>TOI:</i> | <i>H04 Health - Blanket Accident/Sickness</i> | <i>Sub-TOI:</i> | <i>H04.001 Student</i> |
| <i>Product Name:</i> | <i>Blanket Student Accident [& Sickness]</i> | | |
| <i>Project Name/Number:</i> | <i>Alternate Schedule/BSAS-001-0211-PPO2</i> | | |

Disposition

Disposition Date: 04/19/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|--|-------------------------------|------------------------|
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| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>48529</i> |
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| <i>Product Name:</i> | <i>Blanket Student Accident [& Sickness]</i> | | |
| <i>Project Name/Number:</i> | <i>Alternate Schedule/BSAS-001-0211-PPO2</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|----------------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | PPACA Uniform Compliance Summary | Approved-Closed | Yes |
| Supporting Document | Cover Letter | Approved-Closed | Yes |
| Form | Schedule of Benefits | Approved-Closed | Yes |

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|--------------------------|--|------------------------|-----------------|
| SERFF Tracking Number: | AXSS-127130565 | State: | Arkansas |
| Filing Company: | AXIS Insurance Company | State Tracking Number: | 48529 |
| Company Tracking Number: | BSAS-001-0211-PPO2 | | |
| TOI: | H04 Health - Blanket Accident/Sickness | Sub-TOI: | H04.001 Student |
| Product Name: | Blanket Student Accident [& Sickness] | | |
| Project Name/Number: | Alternate Schedule/BSAS-001-0211-PPO2 | | |

Form Schedule

Lead Form Number: BSAS-001-0211-PPO2

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|--------------------|----------------|----------------------|---------|----------------------|-------------|---|
| Approved-Closed | BSAS.001.0211.PPO- | Schedule Pages | Schedule of Benefits | Initial | | | AR AHP Blanket AS Schedule _clean 04-18-2011_.pdf |
| 04/19/2011 | AR | | | | | | |

COVERED EXPENSES

[Determination of the amount of each Covered Expense and, where applicable, each Usual and Customary Charge, will be made solely by the Company.]

| Covered Expense | Preferred Provider Benefit Amount | Non- Preferred Provider Benefit Amount |
|---|--|---|
| In-Patient Hospital Expenses | | |
| Hospital Expenses [Subject to a Maximum of [\$500-\$10,000] per day and Includes the following | [50% to 100% of Preferred Allowance]] [[\$200] Co-pay per admission]] | [50% to 100% of Usual and Customary Charge] [[\$200] deductible per admission]] |
| Room and Board Expenses Private/Semi-Private Room | [Expenses paid under the Hospital Expenses] [50% to 100% of Preferred Allowance]] [[\$200] Co-pay per admission]] | [Expenses paid under the Hospital Expenses] [50% to 100% of Usual and Customary Charge] [[\$200] deductible per admission]] |
| Hospital Miscellaneous Expenses | [Expenses paid under the Hospital Expenses 50% to 100% of Preferred Allowance]] | [Expenses paid under the Hospital Expenses 50% to 100% of Usual and Customary Charge]] |
| [Inpatient [X-ray, CT scan, MRI, laboratory tests | [Expenses paid under the Hospital Expenses] [50% to 100% of Preferred Allowance] | [Expenses paid under the Hospital Expenses] [50% to 100% of Usual and Customary Charge]] |
| [Pre Admission Testing | [Expenses paid under Hospital Miscellaneous]] | [Expenses paid under Hospital Miscellaneous]] |
| Intensive Care Expenses [Subject to a Maximum of [\$500-\$15,000] per day] | [50% to 100% of Preferred Allowance] [\$200 Co-pay per admission]] | [50% to 100% of Usual and Customary Charge]; [\$200 deductible per admission]] |
| [Surgery | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Assistant Surgeon | [50% to 100% of Preferred Allowance for Surgery] [20%-25% of Surgery Allowance]] | [50% to 50% of Usual and Customary Charge] [20%-25% of Surgery Allowance]] |
| [Anesthesia and its Administration | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Second Opinion or Consultation | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Physician In-Hospital Visits [1-3] Visits per day] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Registered Nurse Expense for private nursing care] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Outpatient Services | | |
| [Day Surgery Miscellaneous Outpatient Surgeon Fees [Subject to a Maximum of [\$500-20,000] Includes scheduled surgery performed in a Hospital, including cost of operating room, Laboratory test and X rays including anesthesia, drugs and medicines and supplies | [50% to 100% of Preferred Allowance]] [[\$100] Co-pay per procedure]] | [50% to 100% of Usual and Customary Charge]] |

| | | |
|---|---|--|
| [Assistant Surgeon | [50% to 100% of Preferred Allowance for Surgery] [20%-25% of Surgery Allowance]] | [50% to 50% of Usual and Customary Charge] [20%-25% of Surgery Allowance]] |
| [Outpatient [Day] [Ambulatory]Surgery Expense [Subject to a Benefit Maximum of [\$500-\$50,000]] | [50% to 100% of Preferred Allowance]] [[\$200] Co-pay per admission]] | [50% to 100% of Usual and Customary Charge]] [[\$200] Deductible per admission]] |
| [Use of Physician's Surgical Facilities [Subject to a Benefit Maximum of [\$500-\$50,000]] | [50% to 100% of Preferred Allowance]] | 50% to 100% of Usual and Customary Charge]] |
| [Anesthesia and its Administration | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Emergency Room Treatment [Maximum number of visits [5]per Policy Year]] [Subject to a Benefit Maximum of [\$200-\$50,000]] | [50% to 100% of Preferred Allowance]] [[\$100]Co-pay per visit]] | [50% to 100%] of Usual and Customary Charge]] |
| OUTPATIENT MISCELLANEOUS SERVICES Expenses [SUBJECT TO A {maximum of [\$200-\$15,000] [and includes the following | | |
| [Physician Office Visits [Maximum number of visits [5] per Policy Year]] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100% of Preferred Allowance]] [[\$20]Co-pay per visit]] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100%] of Usual and Customary Charge]] |
| [Chiropractic Office Visits [Maximum visits per year [30]] [[\$900] Policy Year Maximum] | Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100%] of Preferred Allowance]] [[\$20]Co-pay per visit]] | Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100%] of Usual and Customary Charge]] |
| [Out Patient [X-Ray, CT Scan, MRI and Laboratory Tests] [Total for all Injuries [or Sickness] per [Policy Year] [\$2500-\$100,000]] | Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100% of Preferred Allowance]] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100% of Usual and Customary Charge]] |
| [Radiation Therapy [And Chemotherapy] | Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100% of Preferred Allowance]] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] 50% to 100% of Usual and Customary Charge]] |
| [Out Patient Physiotherapy [[\$25-\$100,000] per Policy Year] [\$25-\$500] per day]] [Maximum number of visits [20] per Policy Year]]] | Expenses paid under the Outpatient Miscellaneous Services Expenses] [50% to 100% of Preferred Allowance]] [[\$25] Co-pay per visit]] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] 50% to 100% of Usual and Customary Charge]] |
| [Out Patient Nursing Services [[\$25-\$100,000] per Policy Year] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] 50% to 100% of Preferred Allowance]] | [Expenses paid under the Outpatient Miscellaneous Services Expenses] 50% to 100% of Usual and Customary Charge]] |
| | | |

| | | |
|--|---|---|
| [Additional Benefits] | | |
| [Ambulance Services] [[\$50-\$10,000] per Policy Year] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Medical Equipment Rental] [[\$25-\$10,000] per Policy Year] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Dental Services] [up to [\$50-\$5,000] per tooth; [\$50-\$25,000] per [Covered Accident] [Policy Year]] [Benefit Period: [3 months, 1 years]] | [50% to 100% of Preferred Allowance]] | 50% to 100% of Usual and Customary Charge]] |
| [Dental Expense for Removal of Impacted Wisdom Teeth.] [up to [\$300-\$100,000] per procedure]] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Medical Services and Supplies] [up to [\$25-\$10,000] per Policy Year] | 50% to 100% of Preferred Allowance]] | 50% to 100% of Usual and Customary Charge]] |
| [Out-Patient Prescription Drugs] [up to [\$25-\$5000] per Policy Year] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Out-patient Prescription Drugs] [up to [\$25-\$5000] per Policy Year] | [[\$10] Co-payment Generic Drugs per 31 day supply] [[\$15] Co-payment Tier 1 Drugs per 31 day supply] [[\$20] Co-payment Tier 2 Drugs per 31 day supply] [[\$25] Co-payment Tier 3 Drugs per 31 day supply] | [No Benefits] [50% to 100% of Usual and Customary Charge]] |
| [[Eyeglasses][Contact Lenses] [up to [\$25-\$5000] per Policy Year] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Artificial [Eyes] [Larynx] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Home Health Care] <ul style="list-style-type: none"> • Minimum Hospital Stay: [1 to 10 consecutive days] • Home Health Care must begin within: [1 to 10 consecutive days] after the Minimum Hospital Stay • [Maximum Number of Home Health Care Visits: [5 to 200]] [up to [\$100-\$25,000] per Policy Year] | [50% to 100% of Preferred Allowance]] [[\$40] Co-pay per visit]] | [50% to 100% of Usual and Customary Charge]] |
| [Rehabilitation Care Facility] [up to [\$500-\$100,000] per Policy Year] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Extended Care Facility] <ul style="list-style-type: none"> • Minimum Hospital Stay: [1 to 10 consecutive days] • Extended Care must begin within: 1 to 10 consecutive days] after the Minimum Hospital Stay] [up to [\$500-\$100,000] per Policy Year] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Skilled Nursing Facility] [up to [60] days per Policy Year]] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Injections] [\$20-\$1,000] policy Year Maximum]] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |

| | | |
|--|---|--|
| [Urgent Care Center [Maximum Benefit of [\$200] per Accident [or Sickness] [per Policy Year] | [50% to 100% of Preferred Allowance] [[[\$50]Co-pay per visit]] | [50% to 100%] of Usual and Customary Charge]] |
| [Routine Annual Physical Exams [Deductible does not apply] | [50% to 100% of Preferred Allowance] [[[\$20]Co-pay per visit]] | [No Coverage] [50% to 100% of Usual and Customary Charge]] |
| [[Pelvic][Cervical screening]] [Deductible does not apply] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Bone Mass Measurement [Deductible does not apply] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Elective Abortion [\$100 - \$500] Policy Year Maximum] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Allergy Treatment Expense Benefits [\$100 - \$100,000] Policy Year Maximum] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Durable Medical Equipment [\$100 - \$100,000] Policy Year Maximum] | [50% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Bedside Visit Benefit] | [\$500-\$5,000] | [\$500-\$5,000] |
| [Repatriation Benefit] | [\$1,000 - \$100,000] | [\$1,000 - \$100,000] |
| [Emergency Medical Evacuation Benefit] | [\$1,000 - \$100,000] | [\$1,000 - \$100,000] |
| [Student Health Center Referral] | Included] | Included] |
| [Mandated Benefits] | | |
| [Breast Reconstruction After Mastectomy Benefit] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Children's Preventative Health Care Benefit [Deductible does not apply to visits] Immunizations are not subject to the Deductible] | [60% to 100% of Preferred Allowance] [[[\$20]Co-pay per visit]] | [No Coverage] [50% to 100% of Usual and Customary Charge]] |
| [Colorectal Exam [Deductible does not apply] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Dental Anesthesia] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Diabetes Self-management/Supplies] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Infertility Expense Benefit] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Loss/Impairment of Speech/Hearing Benefit] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Maternity & Newborn Coverage Benefit] | Paid as any other Sickness] | Paid as any other Sickness] |
| [Medical/Low Protein Foods Benefit] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Prostate –Specific Antigen Test [Deductible does not apply] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [[Prosthetic Appliances [and Orthotic] Devices [up to [\$100-\$10,000] per Policy Year] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Mandated Offers] | | |
| [[Chemical Dependency][Alcohol] [Drug Abuse] Benefit] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Hospice Care [up to [\$25-\$5000] Lifetime Benefit] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Hearing Aids Deductible does not Apply] | 100% up to [\$1400] per ear every [3] year period] | 100% up to [\$1400] per ear every [3] year period]] |

| | | |
|--|---------------------------------------|--|
| [Mammography Deductible does not apply] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [Mental and Nervous Disorders] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [TMJ Disorders [up to [\$3000] Lifetime Benefit]] | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| [[Chemical Dependency][Alcohol] [Drug Abuse] Benefit | [60% to 100% of Preferred Allowance]] | [50% to 100% of Usual and Customary Charge]] |
| | | |
| [Mandated Conditional Benefits] | | |
| [Off-Label Drug Benefit | Paid under Prescription Drug Benefit | Paid under Prescription Drug Benefit] |
| | | |

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|--------------------------|--|------------------------|-----------------|
| SERFF Tracking Number: | AXSS-127130565 | State: | Arkansas |
| Filing Company: | AXIS Insurance Company | State Tracking Number: | 48529 |
| Company Tracking Number: | BSAS-001-0211-PPO2 | | |
| TOI: | H04 Health - Blanket Accident/Sickness | Sub-TOI: | H04.001 Student |
| Product Name: | Blanket Student Accident [& Sickness] | | |
| Project Name/Number: | Alternate Schedule/BSAS-001-0211-PPO2 | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|-------------------------------------|-----------------|-----------------|
| Bypassed - Item: | Flesch Certification | Approved-Closed | 04/19/2011 |
| Bypass Reason: | NA | | |
| Comments: | | | |
| | | Item Status: | Status Date: |
| Bypassed - Item: | Application | Approved-Closed | 04/19/2011 |
| Bypass Reason: | NA | | |
| Comments: | | | |
| | | Item Status: | Status Date: |
| Bypassed - Item: | PPACA Uniform Compliance Summary | Approved-Closed | 04/19/2011 |
| Bypass Reason: | NA | | |
| Comments: | | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Cover Letter | Approved-Closed | 04/19/2011 |
| Comments: | | | |
| Attachment: | | | |
| ARFiling Letter.pdf | | | |

April, 19, 2011

Arkansas Department of Insurance

Attention: Accident and Health Division

Axis Insurance Company - NAIC#: 3416 37273 / FEIN#: 39-1338397

Blanket Student Accident [& Sickness] Insurance

Blanket Student Accident [& Sickness] Schedule of Benefits

Form BSAS-001-0211-PPO2-AR

Dear Ms. Minor:

AXIS Insurance Company is submitting the captioned alternative Schedule of Benefits forms for your review and approval. The Schedule of Benefits will be used with our product forms that were previously approved in Texas on 3/2/2011 under SERFF # AXSS-127018063. This Schedule of Benefits is not intended to replace any previously approved Schedule but only be offered as an alternative Schedule for additional plan designs.

The subject forms are new and are not intended to replace any other forms. Any bracketed material is being filed as variable. Please note, the original Statement of Variability still applies and any numerical ranges are in this schedule. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements.

I trust that you will find this submission in order; however, should you have any questions or need additional information, please do not hesitate to contact me directly at 609-375-9162.

Respectfully,

Susan J Kalmus

Susan J. Kalmus
Product Development Specialist
AXIS Insurance Company
susan.kalmus@axiscapital.com